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(Depositor's name
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(Date

				(Date)		
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/657,394 TITLE OF INVENTION:	09/08/2003		William	ı J. Mertz	77128-122	9357
APPLN. TYPE	SMALL ENTITY	ISSUÉ F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510		\$300	\$1810	12/30/2009
EXAM	EXAMINER AR		UNIT CLASS-SUBCLASS			
**			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  N THE PATENT (print or type)  see data will appear on the patent. If an assignee is identified below, the document has been filed for NOT a substitute for filing an assignment.			
(A) NAME OF ASSIGNEE  Loparex, Inc.			(B) RESIDENCE: (CITY and STATE OR COUNTRY) Willowbrook, IL			
4a. The following fee(s) are	small entity discount permitt	41	D. Payment of A check		38 is attached.	
a. Applicant claims S	(from status indicated above MALL ENTITY status. See is requested to apply the Iss bublication Fee (if required) ords of the United States Pat	37 CFR 1.27.		icant is no longer claiming SM iny) or to re-apply any previous ne other than the applicant; a re		
Authorized Signature  Authorized Signature  Daniel N. Christus			Date October 6, 2009  Registration No. 29,626			
Typed of printed name		311. The information	on is required	to obtain or retain a benefit b		nd by the USPTO to process)

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Danielle Deuerling	(Depositor's name)
Oci On	(Signature)
October 6, 2009	(Date)

•	October 6, 2009						
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/657,394 TITLE OF INVENTION:	09/08/2003		William J. N	Mertz	77128-122	9357	
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$151	0	\$300	\$1810	12/30/2009	
EXAM	EXAMINER		ART UNIT CLAS				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE, NOTE: Unless an assignce is identified below, no assigne			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
			(B) RESIDENCE: (CITY and STATE OR COUNTRY) Willowbrook, IL				
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a. Applicant claims S	(from status indicated above MALL ENTITY status. See is requested to apply the Isst Publication Fee (if required) to ords of the United States Pat	37 CFR 1.27.			MALL ENTITY status. See 37 busty paid issue fee to the applic registered attorney or agent; or		
Authorized Signature	Mutal Allicid Daniel N. Christus	tes		Date O	October 6, 2009 tion No. 29,626		

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